## Norris, McLaughlin & Marcus, P.A.

220 East 42<sup>nd</sup> Street, 30<sup>th</sup> Floor New York, NY 10017 If each inventor understands English, the Declaration and Power of Attorney below is suitable for use when filing a regular patent application <u>and also</u> when entering the national stage, in the case of an International application designating the USA under the PCT.

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION		F ATTORNEY FOR	Attorney Docket No.	
As a below named inventor, My residence, post office ad I believe I am the original, f	dress and citizenship irst and sole inventor ural names are listed	are as stated below next to my name (if only one name is listed below a below at 201-205) of the subject m	t 201) or an original,	
PORTABLE MULTI-DIS	SPLAY DEVICE			
the specification of which (c	check one)			
is attached hereto				
3 was filed on 24 January	2003			
under Serial Number F	PCT/KR03/00153			
I acknowledge the duty to d accordance with Title 37, Collist below any prior foreign priority benefits are claimed certificate in respect of which	ended by any amendrisclose information woode of Federal Regulan application(s) for pall under 35 USC 119; ch such foreign priorit	which is material to the examination ations, Section 1.56.  Attent or inventor's certificate in result and any prior foreign application (sty rights are not claimed and which oreign priority benefits are claimed	pect of which foreign has a filing date before	
Application Number	Country	Filing Date (day, month, year)	Priority Claimed under 35 USC 119	
2002-05256	Korea	29 January 2002	YES: <u>3</u> NO:	
2002-11225	Korea	2 March 2002	YES: 3 NO:	
2002-26604	Korea	14 May 2002	YES: 3 NO: YES: NO:	
I hereby claim the benefit unapplication(s) listed below.  Application No.	nder Title 35, United	States Code, §119(e) of any United		



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(10)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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Post Office Address	City	State & ZIP/Country
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## Combined Declaration and Power of Attorney Page 3

204	Family Name	First Given Name	Second Given Name
	City of Residence	State or Foreign Country	Country of Citizenship
	Post Office Address	City	State & ZIP/Country
hereby decl	are that all statements made herein	of my own knowledge are true and	that all statements made
on information in the second s	on and belief are believed to be true nat willful false statements and the l ection 1001 of Title 18 of the Unite e validity of the application or any p	; and further that these statements wike so made are punishable by fine of States Code, and that such willful	were made with the or imprisonment, or

Signature of Inventor 201	Kin G. Van	Date 28 May 2004
Signature of Inventor 202		Date
Signature of Inventor 203		Date
Signature of Inventor 204		Date
Signature of Inventor 205		Date